DOCUMENT RESUME

ED 409 497 CG 027 394

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TITLE Self-Esteem Enhancement in Upper Primary School Children.
PUB DATE Sep 96
NOTE 9p.; Paper presented at the Annual Meeting of the Queensland Guidance and Counselling Association (9th, Brisbane, Queensland, Australia, September, 1996).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Affective Measures; Behavior Modification; Childhood Attitudes; Children; Cognitive Restructuring; Elementary Education; *Elementary School Students; Foreign Countries; Preadolescents; *Rational Emotive Therapy; *Self Concept; *Self Concept Measures; *Self Esteem; *Student Attitudes
IDENTIFIERS Australia (Queensland)

ABSTRACT

Self-esteem has been defined as the "totality of the individual's thoughts and feelings having reference to himself as an object." Self-concept has been defined as the descriptive and evaluative beliefs that a person holds about multidimensional characteristics of the self. As children progress through primary school, general self-concept declines. The aim of this study was to investigate the impact of Cognitive Behavioral Therapy (CBT) and Rational Emotive Therapy (RET) self-enhancement programs on childrens' self-talk, self-esteem, and irrational beliefs. Students with a mean age of 9.8 years from two classes (N=100) participated. They represented two schools that served similar socioeconomic status students in a metropolitan area. One school implemented the CBT program while the other school used the RET program. Results indicated that CBT led to a decrease in negative self-talk whereas RET did not affect this variable; results also indicated that RET led to a decrease in the dependence irrational belief whereas CBT did not influence these scores over time. It was also suggested that children changed over time irrespective of which program they received. Nonetheless, both intervention programs led to an increase in positive self-talk and an increase in positive rational beliefs in the conformity and discomfort intolerance areas. (LSR)

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Self-Esteem enhancement in upper primary school children

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Self-Concept and Self-Esteem Defined

Much of the literature which distinguishes between the two constructs equates self-concept with self-description and self-esteem with self-evaluation. However, Burnett (1993) reported findings which suggested that self-description and self-evaluation are closely related and are different aspects of the same construct, namely self-concept. Burnett (1994a) found empirical support for Rosenberg's (1979, p.7) description of self-esteem as the "totality of the individual's thoughts and feelings having reference to himself as an object". Consequently, self-concept is defined as the descriptive and evaluative beliefs that a person holds about multidimensional characteristics of the self. It is therefore, not appropriate to talk about self-concept without referring to a specific facet e.g., maths self-concept or peer relations self-concept. Self-esteem is believed to be synonymous with global or general self-concept and is defined as the thoughts and feelings people have about themselves as people (i.e., how much they like themselves, how satisfied and happy they are with themselves and how confident and proud of themselves they are) (Burnett, 1994a).

Self-Concepts and Self-Esteem in Primary School Children Decline Over Time

"For the range of preadolescent ages of subjects responding to the Self Description Questionnaire 1 [which measures seven specific facets of self-concept], there is a clear linear decline in self-concept with age. For the SDQ1 scales [Physical Ability, Physical Appearance, Peer Relations, Parent Relations, Reading, Mathematics, General School] and Total Self-Concept score, this decline is statistically significant, primarily linear, and occurs for both boys and girls" (Marsh, 1990b, p. 49). Marsh reported these findings as a result of administering the SDQ1 (Marsh, Smith, & Barnes, 1983) to 3,679 Sydney students in grades 2 through 9 over a number of years. The decline in self-concept across age as measured by the SDQ1 has also been reported by Marsh and colleagues in other forums (Marsh, Barnes, Cairns, &

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Tidman; 1984; Marsh, 1985; Marsh, 1989). Marsh also noted that the decline in self-concept as children progress through primary school is documented in other international non-SDQ based literature (Eshel & Klein, 1981; Harter, 1982; Rosenberg, 1985). Additionally, and probably more importantly, General Self-Concept or Self-Esteem has also been noted to decline as children progress through primary school (Burnett, 1996a; Marsh, 1990a).

Self Enhancement

Hattie (1992) reported the results of a meta-analysis of 89 self-concepts and self-esteem enhancement articles from which some significant issues pertaining to the enhancement of self in the primary school context emerged. Self enhancement programs (SEP) were more successful if they were a) conducted with lower socioeconomic groups, b) conducted outside educational settings, c) not related to academic programs, d) not conducted by teachers, e) not conducted with preadolescents, and f) conducted using cognitively orientated programs.

Hattie (1992) found that cognitively oriented programs were the most effective enhancers of the self. Of the cognitively oriented programs, cognitive-behavioural therapy (CBT) is the most popular, and consequently the most evaluated self enhancement intervention. CBT programs are based on the notion that negative thoughts and beliefs about life and oneself result in negative self-talk which leads to negative feelings about oneself, low self-esteem and self-defeating behaviours. Rational-Emotive Therapy (RET), developed by Ellis (1957), is the most widely used CBT. Warren, McLellarn, and Ponzoha (1988) noted that even though Ellis pioneered the advent of CBT via RET, his subsequent writing distinguished between RET and CBT on the basis of several cognitive, emotive and behavioural aspects (Ellis, 1980). Essentially, RET emphasises the limitation of skills training without first challenging and focusing on a person's irrational, negative and unproductive beliefs, whereas CBT techniques and strategies are not guided by this philosophical cornerstone of RET. In terms of self-esteem enhancement, RET focuses on developing rational, self-accepting beliefs and challenging irrational beliefs as the primary technique of enhancement while CBT uses cognitive and behavioural techniques to help children perform more competently so they feel more confident in themselves. The general aim of both programs is to develop positive beliefs about oneself and to equip people with skills and strategies to integrate negative feedback from significant others.

Aim of the Study

The aim of this study was to investigate the impact of CBT and REE self enhancement programs on children's self-talk, self-esteem and irrational beliefs.

Method

Sample

Two primary schools servicing similar socio-economic areas in a metropolitan area each agreed to have one Grade 4 and one Grade 6 class participate in the study. A total of 116 children (50.9% girls) with a mean age of 9.8 years participated in the study at Time 1. Complete data sets were obtained for 100 children which represents a retention rate of 86%. School A Grade 4 had 27 children while Grade 6 had 24 children and School B Grade 4 had 22 children while Grade 6 had 27 children.

Interventions

CBT and RET programs were developed for middle to upper primary school children according to the distinguishing criteria outlined by Warren, McLellarn, and Ponzoha (1988). Each program was for 8 weeks with each session lasting about an hour.

CBT Program Outline

1. Promote group development through positive statements from significant others. Establishing group rules.
2. What is self-esteem. What are thoughts? Negative and positive thoughts. Thought stopping and Affirmations.
3. Explore feelings. Introduce imagery. Link feelings and actions/behaviour.
4. Introduce the A-B-C of social learning. Link thoughts with feelings and behaviour.
5. The effect of thoughts/self-talk on behaviour and its consequences. Introducing Thought changing.
6. Talking positively to yourself. Practise talking positively to yourself.
7. To understand and practise assertive behaviour.
8. Link assertive talk and imagery.

RET/REE Program Outline

1. Establishing an emotionally safe classroom climate. Establishing the rules for the sessions.Knowing your feelings.

2. Introduce the notion that thoughts cause feelings.
3. Identify which thoughts produce pleasant and unpleasant feelings.
4. Introduce the HTFB (Happening-Thought-Feeling-Behaviour) analysis.
5. Develop an awareness of overgeneralisation.
6. Becoming rational. Introduce the notions of hurtful/non-productive thoughts and sensible or helpful/productive thoughts and how to challenge them.
7. Changing our thoughts: challenging.
   De-catastrophisation. Being a thought detective. Introduce through "thought detectives", the notions of awful, should, can't stand it, worst thing that happen; then, through the sensible problem solver, productive thoughts.
8. Recognise and challenge non-productive thoughts. Practise productive/useful thinking.

Instrumentation

Self-Esteem was measured using the Self-Esteem Scale from Burnett's (1994a) Self Scale which measures beliefs and feelings about oneself as a person (e.g., I like myself, I feel proud of myself, I feel happy with myself, I feel satisfied with myself).

Self-Talk was measured using the Self-Talk Inventory (STI) developed by Burnett (1994b, 1996b). The STI is comprised of two scales: a 17 item Positive Self-Talk Scale (PSTS) (e.g., Just stay calm, Everything will be OK, It'll work out, I'll do well) and a 17 item Negative Self-Talk Scale (NSTS) (Everyone will think I'm hopeless, This is going to be awful, I'm going to muck this up, I'm hopeless).

Irrational Beliefs were measured using Bernard and Lawes (1987) Child and Adolescent Scale of Irrationality (CASI) which assesses six irrational beliefs. The scales were Self-Downing, Dependence, Conformity, Demandingness, Frustration Intolerance and Discomfort Intolerance. An abridged version of the original CASI, as developed and described by Burnett (1994b, 1995), was utilised.

Procedure

The schools were randomly assigned to interventions and Grades 4 and 6 in School A received the CBT program while Grades 4 and 6 in School B received the RET program. All of the intervention programs were presented by a Master's level Guidance Officer experienced in the self-esteem enhancement/ program implementation area. Each class was tested one week prior to the program

commencing and one week after the program was completed. To ensure standardisation in administration procedure the Guidance Officer administered all the measurement instruments.

Results

An Intervention by Time repeated measures MANOVA was conducted with the nine dependent variables (positive and negative self-talk, self-esteem and six irrational beliefs). A significant Intervention by Time interaction effect was found (Pillai's Trace=.18; F=2.14; df=9,90; p=.03). Univariate results were significant for Negative Self-Talk (F=5.7; df=1,98; p=.02) and for Dependence (F=4.8; df=1,98; p=.03). The means indicated that CBT lead to a decrease in Negative Self-Talk whereas REE did not affect this variable and that REE lead to a decrease in the Dependence irrational belief whereas CBT did not influence the scores on this variable over time.

A non-significant multivariate main effect was found for Intervention but a significant multivariate main effect was found for Time (Pillai's Trace=.25; F=3.25; df=9,90; p=.002) suggesting that the children changed over time irrespective of which program they received. Univariate results were significant for Positive Self-Talk (37.7 vs 39.3; F=8.66; df=1,98; p=.004), Conformity (9.6 vs 9.1; F=4.11; df=1,98; p=.045), and Discomfort Intolerance (14.4 vs 13.0; F=14.3; df=1,98; p<.001). These results suggested that both programs lead to an increase in positive self-talk and a decrease in the conformity and discomfort intolerance irrational beliefs.

Discussion

The results of this study indicated that some differences in the outcome measures could be attributed to the interventions. The differences in negative self-talk and dependence may be attributed to the general emphasis of each program. CBT's main thrust was "don't be negative about yourself" and this was reflected in the decline in negative self-talk in the CBT group. REE's main focus was on thinking for yourself and emphasising that the individual is in control and responsible for their thoughts and actions. Consequently, it is not surprising that the REE children had lower dependence scores.

In light of the no difference finding for self-esteem and the significant relationships found between self-esteem and negative self-talk (r=-0.36) and positive self-talk (r=0.39), no differences in self-talk were expected but this was not the case.

CBT decreased negative self-talk and both programs increased positive self-talk. It seems that self-talk was more susceptible to change than self-esteem suggesting that a different level of cognitive processing may be operating. The techniques to change or modify self-talk may be cognitively easier to integrate. It would be interesting to see if the changes in self-talk are maintained over the longer period and whether these changes in self-talk lead to an increase in self-esteem in the longer term.

In summary, in spite of the finding suggesting that self-esteem did not increase, some positive outcomes emerged for the children involved in the study. CBT resulted in a reduction in negative self-talk while REE seemed to enhance independence beliefs. Both programs were associated with increased positive self-talk and with having increased positive rational beliefs in the Conformity and Discomfort Intolerance areas.

It was interesting to note that CBT was associated with decreases in irrationality despite not having specifically addressed them as was done in the REE. This finding raises the question as to whether there is a marked substantive distinction between CBT and REE. It appears that irrational beliefs can be changed without specifically addressing them in an intervention program. Having children focus on their positive and negative thoughts and working on changing them appears to have an inadvertent spin-off in terms of reducing irrational beliefs.

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